

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

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22. F	PLACE OF DISPOS	ITION (Name	of cemetery, o	crematory,	other place)		23.LO	CATION (CIT	/Town, and	State)			Lot	ROW 38			
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M	Aedical Examiner/Just								at the time,	tate and pla	ce, and due to th	cause(s)	and manner st	ited.	of the same		
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JON



ISSUED Aug 24 2021

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

STATE REGISTRAR

TARA DAS

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